BUILDING PERMIT APPLICATION

BOARD OF WORKS, BUILDING INSPECTION DEPARTMENT CITY OF TERRE HAUTE, INDIANA

Applicant to complete numbered spaces only. This form must be si	gned by owner and/or con	ractor	
•			·
LDT NO. BEK			
2 OWNER MAIL ADDRESS	ZIP	PHONE	
3 CONTRACTOR MAIL ADDRESS	PHONE	LICENSE NO.	
4 ARCHITECT OF DESIGNER MAIL ADDRESS	PHONE	LICENSE NO.	
5 ENGINEER MAIL ADDRESS	PHONE	LICENSE NO.	
6 CONDEMNED YES NO			
7 USE OF BUILDING PRESENT	PROPOSED		
8 CLASS OF WORK ☐ NEW ☐ ADDITION ☐ REMODEL ☐ REPAIR	□ DEMOLISH □ MEC	CHANICAL ☐ SIGN ☐ F	POOL
9 DESCRIBE WORK:		THE STATE OF	
	•		
10 VALUATION OF WORK: \$	THE RESERVE TO THE PARTY OF THE		
PLEASE DO NOT WRITE IN SHADED AREAS	NEW OR ALTERED SEW	PLUMBING	YES □NO
SPECIAL CONDITIONS: Required Received	PLUMBING NECESSARY; PLUMBING		
PLOOD PLAIN CERTIFICATE RE-ZONING	☐ YES ☐ NO ☐ PERMIT FEE: Number of fixtures to be installed		
BÖARD OF ZONING APPEALS HEALTH DEPT.	Sewars must be approved by city engineer.		
FIRE DEPT.	ELECTRICAL NEW SERVICE: New Service		vice
APPLICATION ACCEPTED BY PLANS CHECKED BY APPROVED FOR ISSUANCE BY	Required TYES INO	Amperag	
NOTICE	Number of circuits to be installed	Electric	
NOTICE	EN EN	GINEERS DEPT.	20 may 1 may
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 90 DAYS, OR IF	DRAINAGE		6570
CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR	SET BACK LINES		
A PERIOD OF 90 DAYS AT ANY TIME AFTER WORK IS COMMENCED.	ENTRANCE & EXITS	100000	
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH		ACES SPACES AIL. NEEDED	
WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES			
NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	NOTICE		
11	SEPARATE PERMITS ARE REQUIRED FOR		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)	ELECTRICAL, PLUMBING, HEATING, VENTILATING,		
12	OR AIR CONDITIONING.		

(DATE)

12_____SIGNATURE OF OWNER (IF OWNER BUILDER)